



Mongolian Emergency Service Hospital Hygiene Project

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Report of the visit to Ulaanbaatar 12 – 19 May, 2022

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Hospitals

There was a visit to **Hospital No 1**, meeting director Dr Khishigjargal and Dr Bolor.

- Outpatient chemotherapy: Patients are mostly lying in beds which might be a problem because textiles should be washed between every patient and also mattress be disinfected:



It would be better to have them on lounge chairs because they can be easily disinfected (wiping) between every patient.

- Endoscopy: Renovated and quite ok. There are only half automated washer disinfectors – next time better buy fully automated washer disinfectors. Discussion about how long to use the disinfectants. I recommend: maximum one day or shorter if you see dirt in it. There is no well working indicator for it on the market. New ERCP room is ok. No special requirements for ventilation. Window ventilation is ok because infections are coming from equipment, not air.

- Everywhere in hospitals are sensor water fittings:



This is a problem because usually they have biofilms inside and water is contaminated, eg by *Pseudomonas* spp.
The same is for extensions (rubber or plastic) for water taps in many rooms: big problem because in them will be biofilms and lot of bacteria:



- Operating theatre (OT) was renovated recently. But there are a lot of tables there from wood and iron or steel losing all paint. This is not to be disinfected. Leg holders should not be on the floor.



So it seems that a lot of things are in OT rooms which are not really needed.

They same is with wash basins:



There are many things which should not be there: a lot of sponges (very old and destroyed) without any sense, also many cleaning clothes. Why is a cleaning bucket in the wash basins for surgeons?

There should be more control and organization. In Germany, we have a nurse who is responsible for that in OT and really caring.

- Cleaning: Everywhere (also in other hospitals) I saw wooden cleaning materials for floor, like here in OT (additionally with plastic wrapped around it at the top):



Now we have the same situation like 12 years ago. Oldfashioned and unacceptable. Standard is: Cleaning materials without wood, cleaning clothes each for toilet, rest of sanitary room, patient room and floor (4 different, ideally different in color) and always changed after each room.

- Central sterilization unit: Ethylene oxide sterilization finally stopped (years after it was forbidden in Mongolia!). There are each 2 washer disinfectors and 2 autoclaves vom MMM (Germany), from ADB project.

But: Are the washer disinfectors really used? At the beginning, there is the old manual washing as in decades ago –with washing powder!



We saw that in only very few hospitals in 2010 – and now in hospital No 1 again. Asked several times, it was said: Yes, often surgeons are complaining that instruments are coming to late. This is what we always said in planning the ADB project 5 (we were involved in planning): correct washing and disinfection will last longer and therefore, we need more and new instruments and containers. Now we see exactly that we were right: Surgeons complain that instruments are coming too late – so team in sterilization unit is going to old standards: wash by hand.

The warming cabinet is full of instruments – indicating that manual cleaning and disinfection is the main or only way of reprocessing of instruments:



Also they have very old containers and only cotton packaging – very oldfashioned!

The room between washer disinfectors and autoclaves – where paper foil packaging is made – is chaotic:



- Kitchen: Very big disaster, starting with the way to it:



We were told that there are cockroaches and mice. No wonder. I saw the kitchen in 2010 and nothing (!) changed!



Work is done on wooden tables which cannot be disinfected. Very old building substance. Nothing renovated.

If meat or other frozen foods are unfreezed, they should not lay in liquids like blood or water because bacteria can grow (also here you see a wooden table):



Even worse is the basement. Here bags of rice near to car tires, everywhere dirty:



An open bag with salt or flour – invitation to mice:



Preparation of vegetables in dirt and near crappy furniture:



... and on the floor:



In this situation there is no need to discuss about cockroaches and mice. You cannot control that under these conditions!

Also waste was open in some part of kitchen – which always should be stored outside of kitchen in a closed room:



- ICU improved. All beds from plastic and you can disinfect them. Lot of chances to ventilate patients. Quality of bedpan reprocessing is not really clear. At least there was rest of water in them which should not be.
- Finally I saw the transplantation ward and the ward for chemotherapy. Especially last one was very clean, no things without any need, very clear and well organized.



- Microbiologic lab: They have 100 patient examinations every day – with 2,200 patients.
- I was told that usually antibiotics are given without any looking for resistance. In comparison see visit to Songinohairhan district hospital (below).

Another visit was going to **Baganuur hospital**:
Obstetrics house is new and made very kindly:



New sterilisation unit from ADB, like always: manual cleaning, ultrasound, one washer disinfector (really working), paper foil packaging with big space, 2 autoclaves, one plasma sterilizer.

At least in part vlies packaging like they saw in Germany:



The old containers will soon be discarded.

Then in other building for the prevention project in Mongolia. Endoscopy under construction.

Now they extend traumatology so that most operations can be done in Baganuur.

Also eye and nose/ear surgery will be strengthened.

Good development!

Dr Parohl will come for some days to see and audit how the work is done.

We had a visit to **Nalaigh hospital**, meeting director Dr Baigal:

Computer tomography is under construction. Also small endoscopy unit.

Sterilisation unit from ADB. Cooling unit in ceiling – very good:

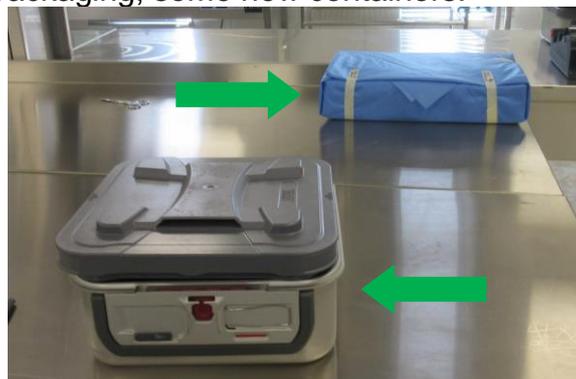


Small ICU. Very small emergency unit.

Everything is clean.

We had a visit to the new **hospital in Songinohairhan district**, financed by ADB, also equipment and new operating instruments.

- Sterilization unit with manual cleaning at the beginning. New surgery instruments. Scissors are in part closed during washing – they should always be open. Also some vlies (paper) packaging, some new containers:





- ICU:



- Children ICU.
- On every floor is a toilet for disabled persons!



- Very new in Mongolian hospitals.
- Also no doorsteps any longer – important to move beds eg to diagnostic units.

- On wards 2 and 6 bed rooms, each with sanitary room including shower:



There should be more hand disinfectants in rooms for patients. One near to the window will not be used. They must be near beds or at the entrance at the wall.

- Endoscopy unit: very small room for reprocessing, done by hand and then very simple machine filling the channels. There should be bigger room and automatic washer disinfectors.
- Kitchen on western standard: Refrigerators, own room for salad and vegetables preparation:



Own room for meat preparation:



All tables in steel – good for disinfection.
Big washer for cooking pots:



- Laundry with many western standard washing machines, drying machines, ironing machines:



This hospital looks very good, also many space. I can recommend to have a look there how a modern hospital can look like.
It was said that other district hospitals will be built in the same manner.

Finally we visited **Maternity hospital No 3 Amgalan** and met director Dr Batbold and co-directors.

We had a visit through the hospital in different departments: Delivery room, ICU, sterilisation unit, laundry, a ward. Around 8,000 births in a year. Also neonates are there.

At the sinks, there is fluid soap and paper towels, but not often a hand disinfectant. There might be a higher number of them. On the other hand we saw a good hand hygiene compliance on ICU.

The sterilisation unit is in very oldfashioned and bad condition. Only manual cleaning, very old instruments:



Very loud and old autoclave.

It should be included in the ADB program and get a renovation and all the new washer disinfectors, autoclaves and so on which are usual in it.

Also laundry is in bad condition and should be renovated and get new machines:



At the end of the visit I got a medal on the occasion of 100 years health system in Mongolia:



Meetings

I attended the weekly meeting with members of hospital management team in **Hospital No 1** and gave a short report about my visit there.

After that I had a meeting with the director, talking about cooperation between the hospital and MeshHp. It was told that the kitchen will be closed in June (alternative not really clear for me).

I had a meeting with **Ms Nyamsuren, head of Mongolian Nurses Association**, planning our training in September.

Also there was a meeting with **president of City University Mrs Baigalma**. They have started a nurse study: 4 years, ending with bachelor. First 2 years in university, second 2 years mostly in hospitals. They also can learn different languages because they should have the chance to go abroad. I will care whether they might get allowance to work in Germany.

We met with **director Ms Khajidmaa of Mongolian Association of Family Medicine specialists**. They represent all the family centers in Mongolia. We could make a one day training during September visit in parallel to the training with MNA. Organisation would be made by them, also financing. They will tell us which presentations would be interesting for them.

Social contacts

I Nalaikh, I attended the „Terbum project“ (One million trees) and was involved in planting trees together with two ministers and a lot of directors I know since long time:



There were a lot of dinners, lunches and meetings with all the old friends, also some time in ger camps – including horhog and singing and dancing.

A special highlight was concert of **Haranga!**

Next steps

The hygiene course with MNA will be in September 2022. The second part of it will be in January 2023.

In parallel, there will be a one day training for the family centers association.

Dr Parohl will go to Baganuur, maybe in autumn 2022, to have a look for processes.

A group of MNA nurses might come to Germany in 2023.

One final question and discussion

Since twelve years, when we go to a hospital, we have to dress up in the same way: Cap, mask, gown and overshoes.



Nobody is caring whether we do hand disinfection or not. And then we walk through the whole hospital.

In all the twelve years, nobody could explain why this dress up is necessary. All other persons (healthcare workers, patients, visitors to patients) do not have to dress up if they move in the hospital.

Is this for the safety of patients? Why are medical visitors and experts more dangerous, for example, than relatives of patients?

Or is this for the safety of the visitors and what is the danger for them?

I think it does not make sense. Visitors like us are not different from visitors of patients or healthcare workers working there. Therefore, this dressing up should be given up. It would be better to have a look that everybody does enough hand disinfection during the walk through the hospital.

Of course, this is different if you go in a room of an immunocompromised or infectious patient. But usually visitors and experts like us are not doing that.

Walter Popp, 24 May, 2022